

STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301-6398

DATE: 03/26/15

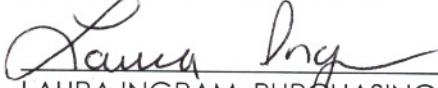
CONTRACT #: 8001700

CONTRACT FOR: Pest Control Services
NIGP CODE: 910-5900, 988-7200

CONTRACTOR: Terminix International

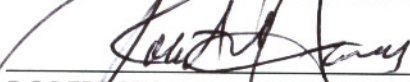
VENDOR CODE #: 168795

SUBMITTED FOR ACCEPTANCE BY:


LAURA INGRAM, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

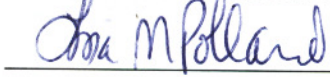
DATE 3/26/15

RECOMMENDED FOR ACCEPTANCE BY:


ROBERT STOWELL, ADMINISTRATOR
BUREAU OF PURCHASE AND PROPERTY

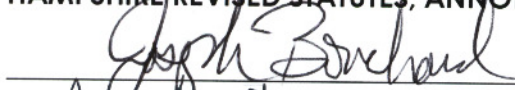

DATE 3/30/15

ENDORSED FOR ACCEPTANCE BY:


LISA M. POLLARD, DIRECTOR
PROCUREMENT & SUPPORT SERVICES

DATE 3-31-15

ACCEPTED FOR THE STATE OF NEW HAMPSHIRE UNDER THE AUTHORITY GRANTED TO ME BY NEW HAMPSHIRE REVISED STATUTES, ANNOTATED 21-I:14, XII.


 ASSISTANT COMMISSIONER
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE 4/1/15

NOTE: This contract is in result of NH Bid 1706-15 for Pest control services. The last three year contract had a total value of \$153,324. If approved, this contract will be in effect upon approval through 3/31/18. I have verified the Excluded Parties list.

Subject:

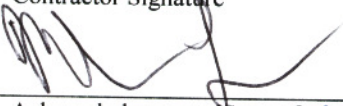

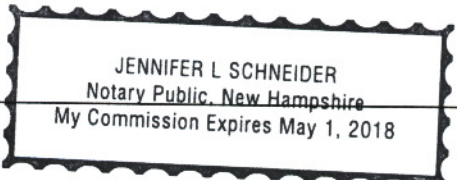
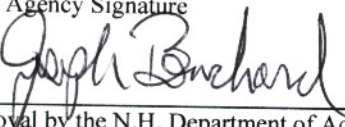
PEST CONTROL

FORM NUMBER P-37 (version 1/09)

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name State of New Hampshire Administrative Services		1.2 State Agency Address State House Annex, Room 102 25 Capitol Street Concord, NH 03301	
1.3 Contractor Name Terminix International Company		1.4 Contractor Address 34 Locke Rd Concord NH 03301	
1.5 Contractor Phone Number 603-553-6265	1.6 Account Number	1.7 Completion Date 03/31/2018	1.8 Price Limitation \$200,000
1.9 Contracting Officer for State Agency Laura Ingram, Purchasing Agent		1.10 State Agency Telephone Number 603-271-2009	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Terminix - Branch Manager	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Merrimack</u> On <u>March 25 2015</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Joseph Bouchard, Asst-Comm.	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: _____ On: _____			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT. Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the

the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit

compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, sh

for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain,

with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer

described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not

premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which
performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

1. INTRODUCTION

The State of New Hampshire ("State"), Department of Administrative Services, desires to contract with Terminix ("Contractor"), a New Hampshire company, to provide pest control services as described herein and in State of NH Bid number 1706-15. This contract is in response to bid number 1706-15 for statewide pest control.

2. CONTRACT DOCUMENTS

This Contract consists of the following documents ("Contract Documents") in order of precedence:

- a. State of New Hampshire Terms and Conditions, General Provisions Form P-37
- b. Exhibit A Scope of Work
- c. Exhibit B Payment Schedule
- d. Exhibit C Special Provisions

3. TERM

3.1 PERIOD OF PERFORMANCE

The Contractor shall begin service upon the approval by the Commissioner of the Department of
run from the Effective Date through March 31, 2018.

3.2 TERMINATION

Notwithstanding the foregoing, the State may terminate this Contract, at its sole discretion, for any reason upon thirty

4. CONTRACT ADMINISTRATION

4.1 CONTRACTOR CONTRACT MANAGER

Contractor shall designate a Contract Manager who shall be responsible for all contractual authorization and administration under the Contract. This person is:

Contract Manager: Rich Brazil
Title: Account Manager
Address: 34 Locke Rd
Concord NH 03301
Tel: 603-553-6265
Email: rbrazil@terminix.com

4.2 STATE CONTRACT OFFICER

The State shall designate a Contracting Officer who shall function as the State's representative with regard to Contract administration. This person is:

Contact: Laura Ingram
Title: Purchasing Agent
Address: 25 Capitol Street,
Concord NH 03301
Tel: 603-271-2009
Email: laura.ingram@nh.gov

Exhibit A

SCOPE OF SERVICES:

The Pest Control maintenance services shall occur on Monday through Friday between 7:00 AM and 4:00 PM, the successful Contractor shall accommodate the normal work hours for an agency if different. The contractor shall be paid for service work that is required on Scheduled Before/After hours, week-ends and on State Holidays (A list of state holidays is available at <http://admin.state.nh.us/hr/index.html>)

The State reserves the right to require the contractor to train, counsel or reassign any employee whose actions or appearance are not consistent with the standards of the State and/or in the best interest of the customers utilizing the contractor services. All work must be performed in such a manner as to not inconvenience the building occupants and shall conduct the work in the least disruptive manner.

The contractor shall present, after each scheduled or emergency call and before leaving the job site, a written summary of the work performed and obtain a signature from the agency contact person. The contractor shall provide a monthly trouble report by any agency that had continuing pest control problems, by calling or in person, regarding corrective actions and trouble resolution upon request.

All services shall be conducted in full compliance with all specified standards in a manner equal to or better than the normal safety and security procedures and standards established by the State and at no time shall State facilities or its occupants be placed in jeopardy.

The State agency shall be responsible for providing reasonable means of access for the Pest Control Services covered by this agreement and notify the contractor of any problems to the service that comes

Chemicals to be used in this service are to be approved by the State of New Hampshire Pesticide Bureau. The Approved Products listing may be check by calling (603) 271-3550 or on-line at <http://state.ceris.purdue.edu/> A current registered label for the chemicals used, as well as MSDS, is to be submitted to the contact person at the site where the service is being accomplished. The successful contractor is required to supply any equipment, such as rodent traps etc., and to maintain the traps or pick them up (and dispose of rodents) as part of this contract.

Each agency is to contact the contractor for their individual requirements. Background checks may be required; the following New Hampshire Hospital, Department of Corrections and Youth Development Center require background checks for security reasons. All Applicators are to have on them, and available, an ID tag, Social Security Number Proof, and a valid Drivers License or State of New Hampshire identification. Without these items, contractors will not be allowed to accomplish any pest control functions.

New Hampshire Army National Guard (NHARNG)

All services performed for the NHARNG shall confirm to NHARNG Integrated Pest Management Plan. See "NHARNG IPM.pdf" and DoDI_4150.07_29May2008.pdf for specific requirements. As part of the services provided the ontractor shall be responsible for providing surveillance of pests and shall ONLY use pesticides that are approved by the NHARNG.

Environmental Considerations:

The State supports and encourages initiatives to protect and preserve our environment. The

products and materials with recycled content. The Contractor shall also provide a plan for reducing and or handling of any hazardous waste generated by Respondent Company. It is a requirement of the Department of Environmental Services that a generator of hazardous waste must have a valid and current Hazardous Waste Generator Identification Number. This identification number shall be

explain in detail its handling and disposal of this waste.

Equipment and Chemicals

The Contractor shall supply all of the equipment and chemicals necessary to complete the job.

All equipment and chemicals must be in strict compliance with the State of New Hampshire Pesticide Bureau, O.S.H.A. and other regulatory agencies. The State of New Hampshire is
green

operations wherever possible.

Drug-Free Workplace:

The State supports and encourages initiatives to keep the workplaces of New Hampshire's suppliers and contractors drug free.

WARRANTY REQUIREMENTS:

The successful Contractor(s) shall be required to warranty all of the equipment awarded for a period of not less than the manufacturer's United States warranty standard period of time or standard number of years indicated by manufacturer, from the date the items are received, inspected and accepted by the State of New Hampshire. The warranty shall cover 100% of all parts, shipping, labor, travel, lodging and expenses.

OBLIGATIONS and LIABILITY OF THE Contractor:

The Contractor shall do all the work and furnish all the materials, tools, equipment and safety devices necessary to perform in the manner and within the time hereinafter specified. Contractor shall complete the entire work to the satisfaction of the State and in accordance with the specifications herein mentioned, at the price herein agreed upon and fixed therefore. All the work, labor and equipment to be done and furnished under this contract(s), shall be done and furnished strictly pursuant to, and in conformity with the specifications described herein, and the directions of the State representatives as given from time to time during the progress of the work, under the terms of this contract(s) and also in accordance with contract(s) drawings.

The Contractor shall take all responsibility for the work under this contract(s); for the protection of the work; and for preventing injuries to persons and damage to property and utilities on or about the work. They shall in no way be relieved of their responsibility by any right of the State to give permission or issue orders relating to any part of the work; or by any such permission given on orders issued or by failure of the State to give such permission or issue such orders. The Contractor shall bear all losses resulting to him or to the Owner on account of the amount or character of the work, or because of the nature of the area in or on which the work is done is differed from what was estimated or expected, or account of the weather, elements or other causes.

The Contractor agrees that any damage or injury to buildings, materials, and equipment or to other property during the performance of this service will be repaired at their own expense.

PERFORMING SERVICES:

The Contractor will perform all services according to the requirements and specifications of this bid.

New Hampshire State Prison (NHSP)

Integrated Pest Management (IPM) Plan

1. Scope of Services

The Contractor shall furnish the State of New Hampshire Department of Corrections, New Hampshire State Prison (NHSP) with the following services:

Contractor Orientation NHSP requires the successful Contractor to complete a "Contractor Orientation" (provided by NHSP) as part of the Integrated Pest Management (IPM) Plan. The orientation is **REQUIRED** for all technicians that provide pest control services to NHSP. The successful Contractor shall have a minimum of 2 technicians who have completed the orientation available. This orientation shall be provided by NHSP and the successful Contractor shall attend at no cost to the state.

Contractor Supplied Training The contractor shall provide training to NHSP staff. This training shall teach staff on best practice methods in identifying and controlling pests. This training shall be provided as part of the preventative Pest Control Process and shall be provided at no cost to the state.

Scheduled and non-scheduled pest control to rid and keep clean all the present buildings indicated in Table C Facility / Contact and buildings which may be added to the control of New Hampshire State Prison, of the pests indicated in Table A: Pests to be controlled.

Fixed Price Scheduled and non-scheduled pest control shall rid and keep clean the NHSP facilities listed in Table C Facility / Contact. The state reserves the right to remove facilities with a 30 day notice. Any other buildings that may be added under the control of the NHSP shall be serviced at a fee agreeable to both the Contractor and the State of NH or at the statewide rate for the county the facility resides in. All work shall be completed on a mutually convenient schedule. If emergency fixed price scheduled treatment is required it shall be done within 24 hours unless other arrangements are made with the facility.

Table A: Pests to be controlled:

▪ Ants (all species)	▪ Bedbugs ¹
▪ Bees / Wasps (all species)	▪ Beetles (all species)
▪ Flees (all species)	▪ Flies (all species)
▪ Moths (all species)	▪ Rats/mice
▪ Roaches (all species)	▪ Silverfish/Firebrats
▪ Spiders (all species)	▪ Water bugs

¹ Bedbug control is limited to an individual area and any adjoining area. Bedbugs are not covered if the facility is infested.

Non-Fixed Price / Emergency Services

Facilities may require Pest Control Services to rid pests not listed in the fixed price section. This service shall be provided at an hourly rate. The contractor shall be compensated for any traps, etc. that may be required, at a rate of cost plus 25% over the contractors net cost. Said invoices shall contain all appropriate information detailing the list and net prices and amount discounted.

Emergency Services are similar to above except the State has requested service be done outside of normal work hours. Emergency Services shall be provided within 24 (twenty four) hours of contact.

Optional Services shall be provided within 2 (two) business days of contact.

2. Contractor Agrees to Perform in Accordance With the Following:

- A. Supplies & equipment requirements
 - 1. Provide all pest control supplies and equipment as dictated by the most current State Contract.
 - 2. Every effort shall be made by the Contractor to significantly reduce the use of pesticides whenever possible. MSDS are to be supplied for all potential pesticides used, and updated as necessary by the Contractor. MSDS shall be filed within the Pest Control Services Manual.
 - 3. Traps should be placed in areas most likely to be frequented by pests, but should be strategically located so as not to interfere with operations. *All trap placements should be recorded on a detailed "Trap Management Log". The Trap Management Log shall be filed within the Pest Control Services Manual.
 - 4. When vacuuming of pests or pest control material/residue, a HEPA vacuum shall be used.
 - 5. Dispose of unused or waste pesticides in accordance with applicable State and Federal laws/regulations.
- B. Contractor/Technician responsibilities
 - 1. Provide competent, licensed pest control personnel. All technicians must complete the Department of Corrections "Contractor Orientation" prior to providing service.
 - 2. The contractor shall be responsible for inspecting all buildings and disposal areas for the purpose of locating problem areas. "Problem areas" may include, but are not limited to: wet locations, food source areas, structure issues, and penetration spots. All findings must be reported in writing via the "Commercial Service And Inspection Report" to the Director of Environmental Services or designee, listing problem areas and corrective measures to be taken.
 - 3. The contractor/technician shall take a proactive approach to reduce the risk of pest infestations at NH Hospital.
- C. Department of Corrections facility responsible party (see Table B Facility / Contact) or their designee shall be responsible party to notify the Pest Control Contractor of any known problem areas or infestations.

Table B Facility / Contact

Facility	Contact	Telephone	E-mail
Berlin Prison	Rich Lagace	(603) 752-0302	rlagace@nhdoc.state.nh.us
Calumet House	Frank Mckone	(603) 627-4193	fmckone@nhdoc.state.nh.us
Canteen Unit (Inside)	Ed Hager	(603) 271-1808	ehager@nhdoc.state.nh.us
Canteen Unit (Outside)	Ed Hager	(603) 271-1808	ehager@nhdoc.state.nh.us
Concord Prison Kitchen North	Jeff Perkins	(603) 271-2226	jperkins@nhdoc.state.nh.us
Concord Prison Warehouse	Dick Martell	(603) 271-1888	rmartell@nhdoc.state.nh.us
Minimum Security Unit	Grady Alexander	(603) 271-1805	galexander@nhdoc.state.nh.us
Shea Farm	Christine Cook	(603) 271-2278	ccook@nhdoc.state.nh.us
TRNS UNIT-NORTH END	Grady Alexander	(603) 271-1805	galexander@nhdoc.state.nh.us
Women's Prison Goffstown	Bill Lavallee	(603) 668-6137	wlavallee@nhdoc.state.nh.us

Table C Address / Frequency

Facility	address	city	county	contact	Frequency ²
Berlin Prison	138 East Milan Rd	Berlin	COOS	Rich Lagace	Bi-Weekly
Calumet House	126 Lowell Street	Manchester	Hillsboro	Frank Mckone	Monthly
Canteen Unit (Inside)	North State Street	Concord	Merrimack	Ed Hager	Monthly
Canteen Unit (Outside)	North State Street	Concord	Merrimack	Ed Hager	Monthly
Concord Prison Kitchen North	North State Street	Concord	Merrimack	Jeff Perkins	Weekly
Concord Prison Warehouse	3 McGuire Street	Concord	Merrimack	Dick Martell	Monthly
Minimum Security Unit	North State Street	Concord	Merrimack	Grady Alexander	Monthly
Shea Farm	60 Iron Works Road	Concord	Merrimack	Christine Cook	Monthly
TRNS UNIT-NORTH END	North State Street	Concord	Merrimack	Grady Alexander	Monthly
Women's Prison Goffstown	371 Mast Road	Goffstown	Hillsboro	Bill Lavallee	Monthly

² This is the current level of service (**for reference only**). The successful Contractor shall be responsible for the control of the Pests as listed in requirement . The frequencies can be changed by mutual agreement between the facility contact and the Contractor; in addition the Contractor shall be responsible for non-scheduled treatment if needed.

Glenclyff Home

Integrated Pest Management (IPM) Plan

1. Scope of Services

The Contractor shall furnish the State of New Hampshire Glenclyff Home with the following services:

Contractor Orientation Glenclyff Home requires the Contractor to complete a "Contractor Orientation" as part of the Integrated Pest Management (IPM) Plan. The orientation is **REQUIRED** for all technicians that provide pest control services to Glenclyff. The Contractor shall have a minimum of 2 technicians who have completed the orientation available. This orientation shall be provided by Glenclyff Home and the Contractor shall attend at no cost to the state.

Contractor Supplied Training The contractor shall provide training to Glenclyff staff. This training shall teach staff on best practice methods in identifying and controlling pests. This training shall be provided as part of the preventative Pest Control Process and shall be provided at no cost to the state.

Scheduled and non-scheduled pest control to rid and keep clean all the present buildings at the Glenclyff Home of the pests indicated in Table A: Pests to be controlled.

Fixed Price Scheduled and non-scheduled pest control shall rid and keep clean Glenclyff Home. The state reserves the right to remove facilities with a 30 day notice. Any other buildings that may be added under the control of the Glenclyff Home shall be serviced at a fee agreeable to both the Contractor and Glenclyff Home or at the Grafton County rate. All work shall be completed on a mutually convenient schedule. If emergency fixed price scheduled treatment is required it shall be done within 24 hours unless other arrangements are made with the facility.

Table A: Pests to be controlled:

▪ Ants (all species)	▪ Bedbugs ^{3 4}
▪ Bees / Wasps (all species)	▪ Beetles (all species)
▪ Flees (all species)	▪ Flies (all species)
▪ Moths (all species)	▪ Rats/mice
▪ Roaches (all species)	▪ Silverfish/Firebrats
▪ Spiders (all species)	▪ Water bugs

³ Bedbug control is limited to an individual area and any adjoining area. Bedbugs are not covered if the facility/building is infested.

⁴ Glenclyff Home pre-screens all residents for bedbugs as part of the admissions process.

Non-Fixed Price / Emergency Services

Facilities may require Pest Control Services to rid pests not listed in the fixed price section. This service shall be provided at an hourly rate. The contractor shall be compensated for any traps, etc. that may be required, at a rate of cost plus 25% over the contractors net cost. Said invoices shall contain all appropriate information detailing the list and net prices and amount discounted.

Emergency Services are similar to above except the State has requested service be done outside of normal work hours. Emergency Services shall be provided within 24 (twenty four) hours of contact unless other arrangements are made with the facility.

Optional Services shall be provided within 2 (two) business days of contact unless other arrangements are made with the facility.

3. Contractor Agrees to Perform in Accordance With the Following:

B. Supplies & equipment requirements

1. Provide all pest control supplies and equipment as dictated by the most current State Contract.
2. Every effort shall be made by the Contractor to significantly reduce the use of pesticides whenever possible. MSDS are to be supplied for all potential pesticides used, and updated as necessary by the Contractor. MSDS shall be filed within the Pest Control Services Manual.
3. Traps should be placed in areas most likely to be frequented by pests, but should be strategically located so as not to interfere with operations. *All trap placements should be recorded on a detailed "Trap Management Log". The Trap Management Log shall be filed within the Pest Control Services Manual.
4. When vacuuming of pests or pest control material/residue, a HEPA vacuum shall be used.
5. Dispose of unused or waste pesticides in accordance with applicable State and Federal laws/regulations.

B. Contractor/Technician responsibilities

1. Provide competent, licensed pest control personnel.
2. The contractor shall be responsible for inspecting all buildings and disposal areas for the purpose of locating problem areas. "Problem areas" may include, but are not limited to: wet locations, food source areas, structure issues, and penetration spots. All findings must be reported in writing via the "Commercial Service and Inspection Report" to the Glenclyff Home responsible party or designee, listing problem areas and corrective measures to be taken.
3. The contractor/technician shall take a proactive approach to reduce the risk of pest infestations at the Glenclyff Home.

- C. The Glenclyff Home responsible party is Mike Archer (989-3111 x1604 Michael.R.Archer@dhhs.state.nh.us) or his designee shall be responsible party to notify the Pest Control Contractor of any known problem areas or infestations.

GLENCLYFF HOME FOR THE ELDERLY
393 High Street
PO BOX 77
GLENCLYFF, NH 03238

New Hampshire Veterans Home (NHVH) **Integrated Pest Management (IPM) Plan**

1. Scope of Services

The Contractor shall furnish the NH Veterans Home (NHVH) with the following services:

Contractor Orientation NHVH requires the successful Contractor to complete a "Contractor Orientation" as part of the Integrated Pest Management (IPM) Plan. The orientation is **REQUIRED** for all technicians that provide pest control services to NHVH. The successful Contractor shall have a minimum of 2 technicians who have completed the orientation available. This orientation shall be provided by NHVH and the successful Contractor shall attend at no cost to the state.

Contractor Supplied Training The contractor shall provide training to NHVH staff. This training shall teach staff on best practice methods in identifying and controlling pests. This training shall be provided as part of the preventative Pest Control Process and shall be provided at no cost to the state.

Scheduled and non-scheduled pest control to rid and keep clean all the present buildings at the NHVH of the pests indicated in Table A: Pests to be controlled.

Fixed Price Scheduled and non-scheduled pest control shall rid and keep clean NHVH. The state reserves the right to remove facilities with a 30 day notice. Any other buildings that may be added under the control of the NHVH shall be serviced at a fee agreeable to both the Contractor and the NHVH or at the Belknap County rate. All work shall be completed on a mutually convenient schedule. If emergency fixed price scheduled treatment is required it shall be done within 24 hours unless other arrangements are made with the facility.

Table A: Pests to be controlled:

▪ Ants (all species)	▪ Bedbugs ^{5 6}
▪ Bees / Wasps (all species)	▪ Beetles (all species)
▪ Flees (all species)	▪ Flies (all species)
▪ Moths (all species)	▪ Rats/mice
▪ Roaches (all species)	▪ Silverfish/Firebrats
▪ Spiders (all species)	▪ Water bugs

⁵ Bedbug control is limited to an individual area and any adjoining area. Bedbugs are not covered if the facility/building is infested.

⁶ New Hampshire veterans Home pre-screens all residents for bedbugs as part of the admissions process.

Non-Fixed Price / Emergency Services

Facilities may require Pest Control Services to rid pests not listed in the fixed price section. This service shall be provided at an hourly rate. The contractor shall be compensated for any traps, etc. that may be required, at a rate of cost plus 25% over the contractors net cost. Said invoices shall contain all appropriate information detailing the list and net prices and amount discounted.

Emergency Services are similar to above except the State has requested service be done outside of normal work hours. Emergency Services shall be provided within 24 (twenty four) hours of contact unless other arrangements are made with the facility.

Optional Services shall be provided within 2 (two) business days of contact unless other arrangements are made with the facility.

4. Contractor Agrees to Perform in Accordance With the Following:

C. Supplies & equipment requirements

1. Provide all pest control supplies and equipment as dictated by the most current State Contract.
2. Every effort shall be made by the Contractor to significantly reduce the use of pesticides whenever possible. MSDS are to be supplied for all potential pesticides used, and updated as necessary by the Contractor. MSDS shall be filed within the Pest Control Services Manual.
3. Traps should be placed in areas most likely to be frequented by pests, but should be strategically located so as not to interfere with operations. *All trap placements should be recorded on a detailed "Trap Management Log". The Trap Management Log shall be filed within the Pest Control Services Manual.
4. When vacuuming of pests or pest control material/residue, a HEPA vacuum shall be used.
5. Dispose of unused or waste pesticides in accordance with applicable State and Federal laws/regulations.

B. Contractor/Technician responsibilities

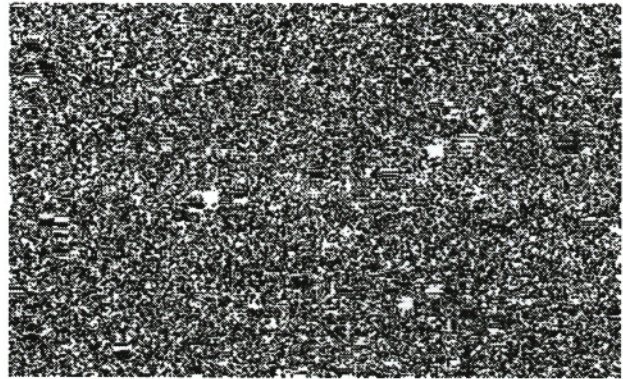
1. Provide competent, licensed pest control personnel.
2. The contractor shall be responsible for inspecting all buildings and disposal areas for the purpose of locating problem areas. "Problem areas" may include, but are not limited to: wet locations, food source areas, structure issues, and penetration spots. All findings must be reported in writing via the "Commercial Service and Inspection Report" to the NHVH responsible party or designee, listing problem areas and corrective measures to be taken.
3. The contractor/technician shall take a proactive approach to reduce the risk of pest infestations at NHVH.

- C. The NH Veterans Home responsible party is Jon Bossey, (603-527-4452 jon.bossey@nhvh.nh.gov) or his designee shall be responsible party to notify the Pest Control Contractor of any known problem areas or infestations.

About the New Hampshire Veterans Home

The New Hampshire Veterans Home in Tilton has been a home and health resource for Granite State veterans for more than a century. Established in 1890 as the Soldier's Home for Civil War Veterans, it has provided care and comfort for thousands who have served their country and fellow citizens.

Today, the modern facility in its countryside setting is home to more than 150 veteran men and women. As a professional health care provider, NHVH offers a full range of services including residential, medical and nursing care, physical therapy, recreation, dietetic and social services. The residents of the Home are encouraged to participate in many social activities in and around the facility. Chapel services, exercise groups, arts and crafts, shopping trips, a library, barber and hairdresser services, community outings, live entertainment and various clubs are available to support their quality of life.



Our doors are open to the community for public performances, meetings, an annual Alzheimer's benefit yard sale and other events. We enjoy a beneficial relationship with area schools, whose students visit often for intergenerational programs involving our men and women. There are currently more than 160 full-time staff members working in partnership with volunteers from surrounding communities and numerous veteran service organizations.

In 2003 NHVH completed construction of the Life Enhancement Neighborhoods (back right of photo) that serve the long-term care needs of veterans who suffer from Alzheimer's and other related memory impairment disorders. The facility addition enabled NHVH to provide comprehensive long-term care services to a total of 250 Residents.

New Hampshire Veterans Home
139 Winter Street
Tilton, NH 03276-5415
Telephone: 527-4400

New Hampshire Hospital (NHH)
Integrated Pest Management (IPM) Plan

1. Scope of Services

The Contractor shall furnish New Hampshire Hospital (NHH) with the following services:

Contractor Orientation NHH requires the successful Contractor to complete a "Contractor Orientation" (provided by NHH) as part of the Integrated Pest Management (IPM) Plan. The orientation takes approximately 2 hours and is REQUIRED for all technicians that provide pest control services to NHH. The successful Contractor shall have a minimum of 2 technicians who have completed the orientation available. This orientation shall be provided by NHH and the successful Contractor shall attend at no cost to the state.

Contractor Supplied Training The contractor shall provide training to certain support staff of NHH. This training shall teach staff on best practice methods in identifying and controlling pests. This training shall be provided as part of the preventative Pest Control Process and shall be provided at no cost to the state.

Scheduled and non-scheduled pest control to rid and keep clean all the present buildings indicated in Section 2 Facilities; and buildings which may be added to the control of NHH, of the pests indicated in Table A: Pests to be controlled.

Fixed Price Scheduled and non-scheduled pest control shall rid and keep clean the NHH facilities listed in Section 2 Facilities. The state reserves the right to remove facilities with a 30 day notice. Any other buildings that may be added under the control of the NHH shall be serviced at a fee agreeable to both the Contractor and the State of NH or at the statewide rate for the county the facility resides in. All work shall be completed on a mutually convenient schedule. If emergency fixed price scheduled treatment is required it shall be done within 24 hours unless other arrangements are made with the facility.

Table A: Pests to be controlled:

▪ Ants (all species)	▪ Bedbugs ^{7 8}
▪ Bees / Wasps (all species)	▪ Beetles (all species)
▪ Flees (all species)	▪ Flies (all species)
▪ Moths (all species)	▪ Rats/mice
▪ Roaches (all species)	▪ Silverfish/Firebrats
▪ Spiders (all species)	▪ Water bugs

Non-Fixed Price / Emergency Services

Facilities may require Pest Control Services to rid pests not listed in the fixed price section. This service shall be provided at an hourly rate. The contractor shall be compensated for any traps, etc. that may be required, at a rate of cost plus 25% over the contractors net cost. Said invoices shall contain all appropriate information detailing the list and net prices and amount discounted.

Optional Emergency Services are similar to above except the State has requested service be done outside of normal work hours. Emergency Services shall be provided within 24 (twenty four) hours of contact.

⁷ Bedbug control is limited to an individual area and any adjoining area. Bedbugs are not covered if the facility/building is infested.

⁸ NHH pre-screens all patients for bedbugs as part of the admissions process.

Services shall be provided within 2 (two) business days of contact.

2. Facilities

- A. Areas and structures included and minimum frequency (emergency needs within 24 hours of notification for all areas):
- ☒ All buildings in operation on the premises and under the jurisdiction of NHH not limited to, but including...
 - a. APS (Kitchen areas weekly, all areas monthly, and weekly special requests as needed)
 - b. Howard Recreation (All areas every other week, and weekly special requests as needed)
 - c. Warehouse (All areas every other week, and weekly special requests as needed)
 - d. Anna Philbrook Center (APC) (All areas bi-weekly and special requests as needed). This facility is currently **closed**
 - e. Laundry Building (All areas weekly, and special requests as needed)
 - f. All Transitional Houses: Yellow, Brick, Gray, Pond Place, Liberty, Burbank, Cottage, and Bayberry. (Monthly service all areas May through September, and weekly special requests as needed. Special requests as needed October through April)

3. Contractor Agrees to Perform in Accordance With the Following:

D. Supplies & equipment requirements

1. Provide all pest control supplies and equipment as dictated by the most current State Contract.
2. Every effort shall be made by the Contractor to significantly reduce the use of pesticides whenever possible. MSDS are to be supplied for all potential pesticides used, and updated as necessary by the Contractor. MSDS shall be filed within the Pest Control Services Manual.
3. Traps should be placed in areas most likely to be frequented by pests, but should be strategically located so as not to interfere with operations. *All trap placements should be recorded on a detailed "Trap Management Log". The Trap Management Log shall be filed within the Pest Control Services Manual.
4. When vacuuming of pests or pest control material/residue, a HEPA vacuum shall be used.
5. Dispose of unused or waste pesticides in accordance with applicable State and Federal laws/regulations.

B. Contractor/Technician responsibilities

1. Provide competent, licensed pest control personnel.
2. The contractor shall be responsible for inspecting all buildings and disposal areas for the purpose of locating problem areas. "Problem areas" may include, but are not limited to: wet locations, food source areas, structure issues, and penetration spots. All findings must be reported in writing via the "Commercial Service and Inspection Report" to the Director of

Environmental Services or designee, listing problem areas and corrective measures to be taken.

3. The contractor/technician shall take a proactive approach to reduce the risk of pest infestations at NHH.

C. NH Hospital/Environmental Services responsibilities

1. The Director of Environmental Services Philip Wright ((603) 271-5752 pwright@dhhs.state.nh.us) or designee shall notify the Pest Control Contractor of any known problem areas or infestations.
2. The Director of Environmental Services shall update and maintain the "Pest Control Manual" as necessary.
3. Environmental Services (ES) personnel shall "maintain a clean, odor free environment, and assist in the prevention of the spread of infection throughout the Hospital" (Environmental Services Operational Purpose Statement). The sanitation of the Hospital environment is maintained by the following of area daily cleaning schedules located in the ES Operations Manual, and in all Environmental Services closets.

EXHIBIT B

The Contractor agrees to provide NH State Agencies with the services indicated in the Exhibit A of this agreement at the prices indicated in Rate Schedule.

The Contract price is not to exceed \$200,000

1. Rate Schedule**SECTION 1****Belknap County**

	4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Follow up Service Fee: (If required)	\$ 65.00	\$ 70.00	\$ 70.00
Weekly Service fee:	\$ 35.00	\$ 35.00	\$ 40.00
Monthly Service fee:	\$ 40.00	\$ 40.00	\$ 45.00
Emergency Service Treatment			
Same business Day Scheduled Before/After hours	\$ 65.00	\$ 70.00	\$ 70.00
	\$ 65.00	\$ 70.00	\$ 65.00
Fixed Price - cost (per month)	\$ 80.00	\$ 80.00	\$ 80.00
Optional service per hour	\$ 40.00	\$ 40.00	\$ 40.00
Optional emergency service per hour	\$ 65.00	\$ 65.00	\$ 65.00

NH Veterans Home**Carroll County**

	4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Follow up Service Fee: (If required)	\$ 65.00	\$ 70.00	\$ 70.00
Weekly Service fee:	\$ 35.00	\$ 35.00	\$ 40.00
Monthly Service fee:	\$ 40.00	\$ 40.00	\$ 45.00
Emergency Service Treatment			
Same business Day Scheduled Before/After hours	\$ 65.00	\$ 70.00	\$ 70.00
	\$ 65.00	\$ 70.00	\$ 70.00

Cheshire County

	4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Follow up Service Fee: (If required)	\$ 65.00	\$ 70.00	\$ 70.00
Weekly Service fee:	\$ 35.00	\$ 35.00	\$ 40.00
Monthly Service fee:	\$ 40.00	\$ 40.00	\$ 45.00
Emergency Service Treatment			
Same business Day	\$ 65.00	\$ 70.00	\$ 70.00
Scheduled Before/After hours	\$ 65.00	\$ 70.00	\$ 70.00

COOS County

	4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Follow up Service Fee: (If required)	\$ 65.00	\$ 70.00	\$ 70.00
Weekly Service fee:	\$ 35.00	\$ 35.00	\$ 40.00
Monthly Service fee:	\$ 40.00	\$ 40.00	\$ 45.00
Emergency Service Treatment			
Same business Day	\$ 65.00	\$ 70.00	\$ 70.00
Scheduled Before/After hours	\$ 65.00	\$ 70.00	\$ 70.00

NH State Prison -
Berlin NH

Fixed Price - cost (per month)	\$ 80.00	\$ 80.00	\$ 80.00
Optional service per hour	\$ 65.00	\$ 65.00	\$ 65.00
Optional emergency service per hour	\$ 65.00	\$ 65.00	\$ 65.00

Grafton County

	4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Follow up Service Fee: (If required)	\$ 65.00	\$ 70.00	\$ 70.00
Weekly Service fee:	\$ 35.00	\$ 35.00	\$ 40.00
Monthly Service fee:	\$ 40.00	\$ 40.00	\$ 45.00
Emergency Service Treatment			
Same business Day	\$ 65.00	\$ 70.00	\$ 70.00
Scheduled Before/After hours	\$ 65.00	\$ 70.00	\$ 70.00
Glenciff Home - Glenciff NH			
Fixed Price - cost (per month)	\$ 120.00	\$ 120.00	\$ 120.00
Optional service per hour	\$ 40.00	\$ 40.00	\$ 40.00
Optional emergency service per hour	\$ 65.00	\$ 70.00	\$ 70.00

Hillsborough County

	4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Follow up Service Fee: (If required)	\$ 65.00	\$ 70.00	\$ 70.00
Weekly Service fee:	\$ 35.00	\$ 35.00	\$ 40.00
Monthly Service fee:	\$ 40.00	\$ 40.00	\$ 45.00
Emergency Service Treatment			
Same business Day	\$ 65.00	\$ 70.00	\$ 70.00
Scheduled Before/After hours	\$ 65.00	\$ 70.00	\$ 70.00
NH State Prison - Womens Prison:			
Fixed Price - cost (per month)	\$ 40.00	\$ 45.00	\$ 45.00
Optional service per hour	\$ 40.00	\$ 45.00	\$ 45.00
Optional emergency service per hour	\$ 65.00	\$ 70.00	\$ 70.00
Calumet House			
Fixed Price - cost (per month)	\$ 40.00	\$ 40.00	\$ 45.00
Optional service per hour	\$ 40.00	\$ 40.00	\$ 45.00

Optional emergency service per hour	\$ 65.00	\$ 70.00	\$ 70.00
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Merrimack County

	4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Follow up Service Fee: (If required)	\$ 65.00	\$ 70.00	\$ 70.00
Weekly Service fee:	\$ 35.00	\$ 35.00	\$ 40.00
Monthly Service fee:	\$ 40.00	\$ 40.00	\$ 45.00
Emergency Service Treatment			
Same business Day Scheduled Before/After hours	\$ 65.00	\$ 70.00	\$ 70.00

NH State Hospital:

APS

Kitchen areas - Weekly	\$ 140.00	\$ 140.00	\$ 140.00
All areas Monthly	\$ 40.00	\$ 40.00	\$ 40.00
Special requests as needed	\$ 35.00	\$ 35.00	\$ 35.00

Howard Recreation

All areas - Bi Weekly	\$ 70.00	\$ 70.00	\$ 70.00
Special requests as needed	\$ 35.00	\$ 35.00	\$ 35.00

Warehouse

All areas - Bi Weekly	\$ 70.00	\$ 70.00	\$ 70.00
Special requests as needed	\$ 35.00	\$ 35.00	\$ 35.00

Laundry Building

All areas - Weekly	\$ 140.00	\$ 140.00	\$ 140.00
Special requests as needed	\$ 35.00	\$ 35.00	\$ 35.00

MAY Through SEPTEMBER

All Transitional Houses

Yellow - Monthly	\$ 40.00	\$ 40.00	\$ 40.00
Brick - Monthly	\$ 40.00	\$ 40.00	\$ 40.00
Gray - Monthly	\$ 40.00	\$ 40.00	\$ 40.00
Pond Place - Monthly	\$ 40.00	\$ 40.00	\$ 40.00

	\$	\$	\$
Liberty - Monthly	40.00	40.00	40.00
	\$	\$	\$
Burbank - Monthly	40.00	40.00	40.00
	\$	\$	\$
Cottage - Monthly	40.00	40.00	40.00
	\$	\$	\$
Bayberry - Monthly	40.00	40.00	40.00

OCTOBER Through APRIL

All Transitional
Houses

	\$	\$	\$
Yellow - As Needed	40.00	40.00	40.00
	\$	\$	\$
Brick - As Needed	40.00	40.00	40.00
	\$	\$	\$
Gray - As Needed	40.00	40.00	40.00
	\$	\$	\$
Pond Place - As Needed	40.00	40.00	40.00
	\$	\$	\$
Liberty - As Needed	40.00	40.00	40.00
	\$	\$	\$
Burbank - As Needed	40.00	40.00	40.00
	\$	\$	\$
Cottage - As Needed	40.00	40.00	40.00
	\$	\$	\$
Bayberry - As Needed	40.00	40.00	40.00

NH State Prison:

	\$	\$	\$
Canteen Unit (Inside) - Monthly	40.00	40.00	40.00
	\$	\$	\$
Canteen Unit (Outside) - Monthly	40.00	40.00	40.00
	\$	\$	\$
Concord Prison Kitchen North - Weekly	40.00	40.00	40.00
	\$	\$	\$
Concord Prison Warehouse - Monthly	40.00	40.00	40.00
	\$	\$	\$
Minimum Security Unit - Monthly	40.00	40.00	40.00
	\$	\$	\$
Shea Farm - Monthly	40.00	40.00	40.00
	\$	\$	\$
Trns Unit-North End - Monthly	40.00	40.00	40.00
	\$	\$	\$
	40.00	40.00	40.00

**Rockingham
County**

	4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Follow up Service Fee: (If required)	\$ 65.00	\$ 65.00	\$ 70.00
Weekly Service fee:	\$ 35.00	\$ 35.00	\$ 35.00
Monthly Service fee:	\$ 40.00	\$ 40.00	\$ 40.00
Emergency Service Treatment			
Same business Day	\$ 65.00	\$ 65.00	\$ 65.00
Scheduled Before/After hours	\$ 65.00	\$ 65.00	\$ 65.00

Strafford County

	4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Follow up Service Fee: (If required)	\$ 65.00	\$ 70.00	\$ 70.00
Weekly Service fee:	\$ 35.00	\$ 35.00	\$ 40.00
Monthly Service fee:	\$ 40.00	\$ 40.00	\$ 45.00
Emergency Service Treatment			
Same business Day	\$ 65.00	\$ 70.00	\$ 70.00
Scheduled Before/After hours	\$ 65.00	\$ 70.00	\$ 70.00

Sullivan County

	4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Follow up Service Fee: (If required)	\$ 65.00	\$ 70.00	\$ 70.00
Weekly Service fee:	\$ 35.00	\$ 35.00	\$ 40.00
Monthly Service fee:	\$ 40.00	\$ 40.00	\$ 45.00
Emergency Service Treatment			
Same business Day	\$ 65.00	\$ 70.00	\$ 70.00
Scheduled Before/After hours	\$ 65.00	\$ 70.00	\$ 70.00

SECTION 2 - WOOD INSECTS

BELKNAP COUNTY:

		4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Powder Post Beetles	(PER SQ FT)	\$ 0.50	\$ 0.50	\$ 0.50
Termites				
Liquid Barrier		\$	\$	\$
Treatment	(Per Linear foot)	6.00	6.00	6.00
Baiting System				
Treatment	(Per Linear foot)	n/a	n/a	n/a
Baiting System				
Treatment Follow-up	(Per Linear foot)	n/a	n/a	n/a
Carpenter Bees/Ants				
Follow up Service Fee:		\$	\$	\$
(If required)	(Per Linear foot)	2.00	2.00	2.00

CARROLL COUNTY:

		4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Powder Post Beetles	(PER SQ FT)	\$ 0.50	\$ 0.50	\$ 0.50
Termites				
Liquid Barrier		\$	\$	\$
Treatment	(Per Linear foot)	6.00	6.00	6.00
Baiting System				
Treatment	(Per Linear foot)	n/a	n/a	n/a
Baiting System				
Treatment Follow-up	(Per Linear foot)	n/a	n/a	n/a
Carpenter Bees/Ants				
Follow up Service Fee:		\$	\$	\$
(If required)	(Per Linear foot)	2.00	2.00	2.00

CHESHIRE COUNTY

		4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Powder Post Beetles	(PER SQ FT)	\$ 0.50	\$ 0.50	\$ 0.50
Termites				
Liquid Barrier		\$	\$	\$
Treatment	(Per Linear foot)	6.00	6.00	6.00
Baiting System				
Treatment	(Per Linear foot)	n/a	n/a	n/a

Baiting System Treatment Follow-up	(Per Linear foot)	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>
Carpenter Bees/Ants Follow up Service Fee: (If required)	(Per Linear foot)	<u>\$ 2.00</u>	<u>\$ 2.00</u>	<u>\$ 2.00</u>

COOS COUNTY:

		4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Powder Post Beetles	(PER SQ FT)	<u>\$ 0.50</u>	<u>\$ 0.50</u>	<u>\$ 0.50</u>
Termites				
Liquid Barrier Treatment	(Per Linear foot)	<u>\$ 6.00</u>	<u>\$ 6.00</u>	<u>\$ 6.00</u>
Baiting System Treatment	(Per Linear foot)	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>
Baiting System Treatment Follow-up	(Per Linear foot)	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>
Carpenter Bees/Ants Follow up Service Fee: (If required)	(Per Linear foot)	<u>\$ 2.00</u>	<u>\$ 2.00</u>	<u>\$ 2.00</u>

**GRAFTON
COUNTY:**

		4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Powder Post Beetles	(PER SQ FT)	<u>\$ 0.50</u>	<u>\$ 0.50</u>	<u>\$ 0.50</u>
Termites				
Liquid Barrier Treatment	(Per Linear foot)	<u>\$ 6.00</u>	<u>\$ 6.00</u>	<u>\$ 6.00</u>
Baiting System Treatment	(Per Linear foot)	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>
Baiting System Treatment Follow-up	(Per Linear foot)	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>
Carpenter Bees/Ants Follow up Service Fee: (If required)	(Per Linear foot)	<u>\$ 2.00</u>	<u>\$ 2.00</u>	<u>\$ 2.00</u>

HILLSBOROUGH
COUNTY:

		4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Powder Post Beetles	(PER SQ FT)	\$ 0.50	\$ 0.50	\$ 0.50
Termites				
Liquid Barrier		\$	\$	\$
Treatment	(Per Linear foot)	6.00	6.00	6.00
Baiting System				
Treatment	(Per Linear foot)	n/a	n/a	n/a
Baiting System				
Treatment Follow-up	(Per Linear foot)	n/a	n/a	n/a
Carpenter Bees/Ants				
Follow up Service Fee:		\$	\$	\$
(If required)	(Per Linear foot)	2.00	2.00	2.00

MERRIMACK
COUNTY:

		4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Powder Post Beetles	(PER SQ FT)	\$ 0.50	\$ 0.50	\$ 0.50
Termites				
Liquid Barrier		\$	\$	\$
Treatment	(Per Linear foot)	6.00	6.00	6.00
Baiting System				
Treatment	(Per Linear foot)	n/a	n/a	n/a
Baiting System				
Treatment Follow-up	(Per Linear foot)	n/a	n/a	n/a
Carpenter Bees/Ants				
Follow up Service Fee:		\$	\$	\$
(If required)	(Per Linear foot)	2.00	2.00	2.00

ROCKINGHAM
COUNTY:

		4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Powder Post Beetles	(PER SQ FT)	\$ 0.50	\$ 0.50	\$ 0.50
Termites				
Liquid Barrier		\$	\$	\$
Treatment	(Per Linear foot)	6.00	6.00	6.00
Baiting System				
Treatment	(Per Linear foot)	n/a	n/a	n/a
Baiting System				
Treatment Follow-up	(Per Linear foot)	n/a	n/a	n/a
Carpenter Bees/Ants				
Follow up Service Fee:		\$	\$	\$
(If required)	(Per Linear foot)	2.00	2.00	2.00

STRAFFORD
COUNTY:

		4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Powder Post Beetles	(PER SQ FT)	\$ 0.50	\$ 0.50	\$ 0.50
Termites				
Liquid Barrier		\$	\$	\$
Treatment	(Per Linear foot)	6.00	6.00	6.00
Baiting System				
Treatment	(Per Linear foot)	n/a	n/a	n/a
Baiting System				
Treatment Follow-up	(Per Linear foot)	n/a	n/a	n/a
Carpenter Bees/Ants				
Follow up Service Fee:		\$	\$	\$
(If required)	(Per Linear foot)	2.00	2.00	2.00

SULLIVAN
COUNTY:

		4/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 3/31/18
Powder Post Beetles	(PER SQ FT)	\$ 0.50	\$ 0.50	\$ 0.50
Termites				
Liquid Barrier		\$	\$	\$
Treatment	(Per Linear foot)	6.00	6.00	6.00
Baiting System				
Treatment	(Per Linear foot)	n/a	n/a	n/a
Baiting System				
Treatment Follow-up	(Per Linear foot)	n/a	n/a	n/a
Carpenter Bees/Ants				
Follow up Service Fee:		\$	\$	\$
(If required)	(Per Linear foot)	2.00	2.00	2.00

EXHIBIT C

SPECIAL PROVISIONS

1. Special Provisions

There are no other special provisions for this contract.



Authorization

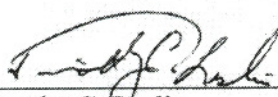
To Whom It May Concern:

I, Timothy C. Leslie, Officer of Terminix International Inc., managing general partner of The Terminix International Company Limited Partnership ("Terminix"), hereby give authority to Mark Lamarre, Branch Manager, for the sole purpose of completing and signing documents on behalf of Terminix related to the services performed by Terminix for the State of New Hampshire. This designation expires one year from the date hereof.

Dated: March 25, 2015

THE TERMINIX INTERNATIONAL COMPANY
LIMITED PARTNERSHIP

By: Terminix International Inc.,
General Partner

By: 

Timothy C. Leslie
Vice President and Division General Counsel & Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/18/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Central, Inc. Chicago IL office 200 East Randolph Chicago IL 60601 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): 800-363-0105
INSURED The Terminix International Company Limited Partnership 860 Ridge Lake Blvd Memphis TN 38120 USA	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: Zurich American Ins Co 16535	
	INSURER B: American Zurich Ins Co 40142	
	INSURER C:	
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570057066145 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pesticide or Herbicide Applicator Cov <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GL0293865606	01/01/2015	01/01/2016	EACH OCCURRENCE \$3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$3,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$3,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COM/OP AGG Included
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAP 2938657 06 AOS	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$7,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC293865406 AOS WC293865506 WI & MA	01/01/2015	01/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
A							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Terminix International Company, LP - Branch No. 2198. State of New Hampshire, Division of Administrative Services is included as Additional Insured under the General Liability and Automobile Liability policies if required by written contract. Waiver of Subrogation applies to the General Liability, Automobile Liability and Workers' Compensation policies if required by written contract with State of New Hampshire, Division of Administrative Services.

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire Div. of Administrative Services Attn: Laura Ingram 25 Capitol Street State House Annex, Room 102 Concord NH 03301 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Central, Inc.</i>

Holder Identifier : 2198~

Certificate No : 570057066145



State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire do hereby certify that THE TERMINIX INTERNATIONAL COMPANY LIMITED PARTNERSHIP is a(n) Delaware Limited Partnership registered to transact business in New Hampshire on July 2, 1991. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 18th day of March, A.D. 2015

A handwritten signature in dark ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

New Hampshire Department of Labor

Employers' Workers' Compensation Insurance Coverage Verification

Coverage/Injury/Illness Date Default = Today's DateEmployer Name ☒ Contains ☐ Starts With

OR

Federal Employer Identification Number

The following policy level result(s) do not imply coverage for this Employer in this state. Please click on a row to verify coverage information.

Policy Number	Primary Policy Name
WC293865406	THE TERMINIX INTERNATIONAL CO

New Hampshire Department of Labor

Employers' Workers' Compensation Insurance Coverage Verification

Coverage/Injury/Illness Date

Default = Today's Date

Employer Name ☒ Contains ☐ Starts With

OR

Federal Employer Identification Number

Worker's Compensation Insurance Coverage Provider: AMERICAN ZURICH INS CO

Policy Number: WC293865406

Coverage/Injury/Illness Date: 03/17/15

[Return to Policy Results](#)

Employer Name	Street Address	City	State	Zip
<input type="text"/>		<input type="text"/>		<input type="text"/>
HOME SECURITY ASSN INC	860 RIDGE LAKE BLVD	MEMPHIS	TN	38120-9434
HOME SECURITY OF AMERICA INC	860 RIDGE LAKE BLVD	MEMPHIS	TN	38120-9434
HOME SECURITY OF AMERICA INSURANCE SERVICES INC	860 RIDGE LAKE BLVD	MEMPHIS	TN	38120-9434
THE TERMINIX INTERNATIONAL CO	34 LOCKE RD	CONCORD	NH	03301-5416